



Planning & Development Department  
**LICENSING REGULATION AND ENFORCEMENT**  
2725 Judge Fran Jamieson Way, Suite A-105, Viera, FL 32940

Phone: (321) 633-2058  
Fax: (321) 690-6878  
www.brevardcounty.us/licensing

## CONTRACTOR EXAMINATION APPLICATION AND FEES

### APPLICATION FEES ARE NON-REFUNDABLE

The following experience and application fees apply to the listed trades.

**Five (5) years documented experience on attached Experience Form and notarized is required for the following trades:**

ELECTRICAL .....	\$110.00	( )	<u><b>AIR CONDITIONING</b></u>	
MECHANICAL .....	\$110.00	( )		
PLUMBING .....	\$110.00	( )	CLASS A UNLIMITED .....	\$110.00 ( )
ROOFING .....	\$110.00	( )	CLASS B LIMITED .....	\$110.00 ( )
SHEETMETAL .....	\$110.00	( )		

**Four (4) years documented experience on attached Experience Form and notarized is required for the following trades:**

DRYWALL .....	\$110.00	( )	<u><b>BUILDING CONTRACTORS</b></u>	
ELECTRICAL SIGN .....	\$110.00	( )	GENERAL .....	\$150.00 ( )
LIMITED ENERGY SYSTEMS..	\$110.00	( )	BUILDING .....	\$130.00 ( )
MARINE I .....	\$110.00	( )	RESIDENTIAL .....	\$120.00 ( )
MARINE II .....	\$110.00	( )		
SOLAR WATER HTG .....	\$110.00	( )	<u><b>ALARM CONTRACTORS</b></u>	
SPECIALTY STRUCTURE ....	\$110.00	( )	ALARM SYSTEMS I .....	\$110.00 ( )
SWIMMING POOL (unlimited)	\$110.00	( )	ALARM SYSTEMS II .....	\$110.00 ( )
SWIMMING POOL SVC .....	\$110.00	( )		
UNDERGROUND UTILITY ....	\$110.00	( )		

**Three (3) years documented experience on attached Experience Form and notarized is required for the following trades:**

EXCAVATION (Landclearing) ..	\$110.00	( )	STORM SHUTTER .....	\$110.00 ( )
FRAMING/CARPENTRY .....	\$110.00	( )	STUCCO .....	\$110.00 ( )
FLOOR COVERING .....	\$110.00	( )	SWIMMING POOL	
FLOOR COVERING w/TILE ...	\$110.00	( )	FINISH SUBCONTRACTOR ..	\$110.00 ( )
GARAGE DOORS .....	\$110.00	( )	WINDOW & DOOR .....	\$110.00 ( )
MASONRY .....	\$110.00	( )		

**One (1) year documented experience on attached Experience Form and notarized is required for the following trades:**

IRRIGATION .....	\$110.00	( )	PAINTING .....	\$110.00 ( )
FENCING .....	\$110.00	( )		

**\*Tests offered by GITS & Prometric**

Initial your choice \_\_\_\_\_ **GITS**  
 \_\_\_\_\_ **Prometric**

## EXPERIENCE REQUIREMENTS

Has received a baccalaureate degree from an accredited four (4) year college in the appropriate field of engineering, architecture, or building construction and has two (2) years of proven experience in the trade category. A minimum of 2,000 hours shall be used in determining full-time equivalence.

**OR**

Has a total of at least four (4) years of active experience as a skilled workman who is able to command the pay rate of a mechanic in his particular trade or as a foreman who is in charge of a group of workmen and usually responsible to a superintendent or a contractor or his equivalent, provided, however, that at least one (1) year of active experience shall be as a foreman.

**OR**

A combination of not less than one (1) year of experience as a foreman and not less than three (3) years of credits for any accredited college-level courses in the appropriate trade.

**OR**

Has a combination of not less than one (1) year of experience as a skilled workman, one (1) year of experience as a foreman and not less than two (2) years of credits for any college level courses in the appropriate trade.

**OR**

Has a combination of not less than two (2) years of experience as a skilled workman, one (1) year of experience as a foreman and not less than one (1) year of credits for any college level courses in the appropriate trade.

**OR**

Provide evidence of a minimum of five (5) years of practical experience in the trade or have an active journeyman license for three (3) years.

For the number of years of credits for any college level courses, the applicant shall show completion of an equal number of courses in the appropriate field of engineering, architecture, or building construction. All junior college or community college level courses shall be considered accredited college level courses.

Proof of schools, apprenticeship programs, including dates, diplomas, letters and other pertinent information and recommendations must be provided.

The Contractors' Licensing Board may, in its sole discretion, consider a person's formal or vocational education as practical experience in the trade if the education is in the trade for which the person is applying.

**EXPERIENCE MUST BE DOCUMENTED IN WRITING BY YOUR EMPLOYER(S) (PAST OR PRESENT) FOR PROOF OF EXPERIENCE. More than one experience form may be used. All documents must be originals.**

Phone (321) 633-2058    Fax (321) 690-6878    [www.brevardcounty.us/licensing](http://www.brevardcounty.us/licensing)

The following documents must be submitted with application:

1. Application Fee as indicated on page one (1)
    - Make checks payable to **Board of County Commissioners**
  2. Copy of driver's license
  3. Three (3) letters of recommendation from contractors whom applicants have worked either for or with, or reputable business or professional people, not related by blood or marriage to the applicant, vouching for the applicant's reputation as to honesty, integrity and good moral character. Letters must be on business letterhead or notarized. **LETTERS MUST BE ORIGINALS. FAXES OR COPIES WILL NOT BE ACCEPTED.**
  4. Notarized documentation of experience on attached Experience Form.
  5. Signed Social Security Number Disclaimer
- Attach  
Recent  
Photo

Attach  
Recent  
Photo

DATE	CAP ID	PYMT TYPE	INVOICE #	STAFF

1. Name: \_\_\_\_\_  
Last First Middle
2. Address: \_\_\_\_\_  
House Number Street
- \_\_\_\_\_  
City State Zip
3. Date of Birth \_\_\_\_\_ Email \_\_\_\_\_
4. Home Phone No. (\_\_\_\_) \_\_\_\_\_ Daytime phone (\_\_\_\_) \_\_\_\_\_
5. U.S. Citizen? YES ☐ NO ☐
6. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

## Application for Exam

7. Do you presently have a current city or county business tax receipt? ☐ No ☐ Yes

If yes, where? \_\_\_\_\_

Company Name: \_\_\_\_\_

8. List your residential addresses for the past five (5) years:

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9. List all businesses you have owned, operated, managed or have had an interest of any kind during the past five (5) years:

Business Name	Business Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Have you undertaken construction contracts or work that a third party, such as a bonding or surety company, completed or made financial settlements?  
No ☐ Yes ☐ If yes, provide a written statement of explanation.

11. Have you had claims or lawsuits filed for unpaid or past due accounts by your creditors as a result of construction operations?  
No ☐ Yes ☐ If yes, provide a written statement of explanation.

12. Have you undertaken construction contracts or work which resulted in liens, suits or judgments being filed?  
No ☐ Yes ☐ If yes, provide a written statement of explanation.

## Application for Exam

13. Have you had a lien filed against you by the U.S. Internal Revenue Service or Florida Corporate Tax Division?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

14. Have you made an assignment of assets in settlement of construction obligations for less than the debts outstanding?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

15. Have you been charged with or convicted of acting as a contractor without a license, or if licensed as a contractor in this or any other state, been subject to any disciplinary action by state, county or municipality?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

16. Have you filed or been discharged in bankruptcy within the past five (5) years?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

17. Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction within the past ten (10) years?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

18. Notwithstanding the above, have you ever at any point in time had a felony conviction that has resulted in the revocation of your civil rights?

No ☐ Yes ☐ If yes, provide a written statement of explanation.

Applicant may be required to provide further information or appear before the Contractors' Licensing Board.

## Application for Exam

Brevard County and the Construction Industry Licensing Board Rule 61G4-15.005 establishes minimum net worth requirements for the following categories of contractors:

\$20,000	General Contractor - Class I	Building Contractor – Class II	Residential Contractor – Class III
\$10,000	Alarm I Alarm II Electrical Electrical Sign Limited Energy Systems	Mechanical Plumbing Roofing Sheetmetal Solar Water Heating	Specialty Structure Underground Utility Swimming Pool HARV Class A Unlimited HARV Class B Limited
\$ 2,500	Drywall Excavation Fencing Floor Covering Floor Covering w/Tile Framing/Carpentry	Garage Doors Irrigation Marine I Marine II Masonry Painting	Storm Shutter Stucco Swimming Pool Finishing Swimming Pool Service Window & Door

Net worth shall be defined to require a showing for all contractor licensure categories that the applicant has a minimum of 50% of the amount in cash.

Please complete the Financial Table:

ASSETS			LIABILITIES		
Cash in Bank			Accounts Payable		
Accounts Receivable			Notes Payable		
Notes Receivable			Accruals		
Inventory, Materials & Supplies			Mortgages (if related to business)		
Machinery & Equipment			Capital Stock (if incorp.)		
Real Estate (if related to business)			Other		
Prepaid & Deferred Charges					
Other					
<b>Total Assets:</b>			<b>Total Liabilities:</b>		
			<b>NET WORTH</b> (TOTAL ASSETS LESS TOTAL LIABILITIES)		

I certify that I can meet the minimum net worth requirements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Application for Exam

### EMPLOYMENT / EDUCATION INFORMATION – TO BE COMPLETED BY THE APPLICANT

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

✓ Name and Address of Previous Employer

\_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position \_\_\_\_\_

Total years as Helper: \_\_\_\_\_ Total years as licensed Journeyman: \_\_\_\_\_

Total years as Licensed Master: \_\_\_\_\_ Total years as Foreman: \_\_\_\_\_

Total years or OJT hours in approved apprenticeship program: \_\_\_\_\_

School & Address \_\_\_\_\_

Other Education (Schools/Degrees): \_\_\_\_\_

## APPLICANT EXPERIENCE VERIFICATION AFFIDAVIT

*Completion of this form **AND** the Employer verification form is required if the applicant has not been in business for themselves in the trade for the required years as stated on page one (1). If the applicant has been in business for themselves for the required years of experience as indicated on page one, complete this form only (page 8 & 9) and submit documented proof (ie: business or tax records, etc.)*

This form is to be completed by the applicant and submitted with your application to provide information regarding your experience. It will be used to support your qualifications. Detailed and specific information is required. It becomes the property of Licensing Regulation & Enforcement when submitted. Please complete and return with the application.

I \_\_\_\_\_ Business Tax Receipt # \_\_\_\_\_, certify that  
Applicant Business Tax Receipt #

I have performed work as a \_\_\_\_\_ Contractor as my primary occupation  
Applicable Trade

from \_\_\_\_\_ to \_\_\_\_\_ and attest to the following experience:

### **DESCRIBE IN DETAIL**

Describe work performed (be specific): \_\_\_\_\_

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Type of buildings, structures, job projects worked on (be specific): \_\_\_\_\_

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Other pertinent information: \_\_\_\_\_

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## Application for Exam

I am aware that after successfully passing the examination I will be required to provide additional documents for certification requested by the County and the State along with a criminal background check.

The undersigned hereby makes application for certification in accordance with the provisions of Chapter 22, Code of Brevard County, Florida.

I certify I will act only for myself or that I am legally qualified to act on behalf of the business organization seeking to be certified, in all matters connected with its contracting business. Furthermore, I have the authority to supervise construction projects undertaken by myself or such business organization and that I will continue during this certification to be able to so bind said business organization. If I sever my affiliation with said business organization, I will immediately notify the Contractor Licensing Board in writing within thirty (30) days of such termination.

I authorize the secretary to the Brevard County Contractor Licensing Board to obtain from any source dealing with me, even though confidential, such additional information concerning my financial condition as may be deemed necessary by the Board.

I acknowledge that pursuant to Florida Statute 489 and the Brevard County Code, I am personally responsible for all the financial affairs of the business I am applying to qualify. I realize this includes "financial matters," both for the organization in general and for each specific job.

I also acknowledge that I will personally supervise all work being done or there will be a certified master or journeyman, if applicable, on the site at all time.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or any omission of facts called for is cause for disciplinary action by the Brevard County Construction Industry Licensing Board. I also authorize release of sheriff and police records to Licensing Regulation & Enforcement. I hereby release you, your organization or others from any liability for damage which may result from furnishing the information requested above. I also agree to familiarize myself and abide with all local ordinances and amendments, state regulations and the Florida Building Code governing all restrictions in reference to the license I have been issued.

I, \_\_\_\_\_, certify that this information is true and correct to the best of my knowledge and that any willful falsification of any information contained herein is grounds for disqualification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

(Notary Seal)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## EMPLOYER EXPERIENCE VERIFICATION AFFIDAVIT

*Completion of this form is required to be completed by an employer of an applicant who has not held an occupational license for the required years of experience as indicated on page one (1).*

This applicant is requesting that you certify as to your knowledge of his/her experience as your employee by completing this form. It is used in support of the applicant's qualifications. Details and specific information is required. This form becomes the property of Licensing Regulation and Enforcement when submitted. Please complete and return to the applicant.

I, \_\_\_\_\_, License # \_\_\_\_\_, certify that I  
Employer Competency  
employed \_\_\_\_\_  
Applicant

from \_\_\_\_\_ to \_\_\_\_\_ and I know of my own direct knowledge that  
said applicant was employed as follows:

### **DESCRIBE IN DETAIL**

Positions held (include dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe work performed (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of buildings, structures, job projects worked on (be specific): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Experience Form

### EXPERIENCE VERIFIED BY:

Print Name: \_\_\_\_\_ Position / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I certify under penalty of perjury the forgoing is true and correct.

\_\_\_\_\_, License # \_\_\_\_\_  
Signature of Contractor/Supervisor License Number

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_,

\_\_\_\_\_  
Signature of Notary

(Notary Seal)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

## SOCIAL SECURITY NUMBER DISCLAIMER

\*\* "Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9); 409,2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupations license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L. 193, Sec.317."

You must print your name, Social Security Number, date and sign that you have read the disclaimer above:

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
Date

**Please cut along dotted line and keep bottom portion of the disclaimer for your records**

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